



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

Date:

Company:
Company Contact:
Address:
City, ST Zip:

**RE: ADDITION OF CLASS OF [Class(es) of Business]
FOR Sample Insurance Company (NAIC# 99999)**

To Whom It May Concern:

This Department has been notified of the request for Addition of Class(es) to the company's Certificate of Authority. The following documents must be filed to amend the company's Certificate of Authority:

PLEASE PROVIDE	ITEM
<input checked="" type="checkbox"/>	Certificate of Compliance issued by the Domiciliary State.
<input checked="" type="checkbox"/>	Certificate of Deposit issued by the Domiciliary State.
<input checked="" type="checkbox"/>	The company's current Business Plan that addresses the products within the Class being added.
<input checked="" type="checkbox"/>	The original Certificate of Authority issued to Sample Insurance Company by the Tennessee Department of Insurance, or an Affidavit of Lost or Misplaced Certificate.
Upon completion of this process, The company will be billed the fee for amending the company's Certificate of Authority, which is the greater of ninety dollars (\$90.00) or Retaliatory.	

Please provide an e-mail address. Should you have any questions, feel free to contact me at (615) 741-1670, or at phil.adams@state.tn.us.

Regards,

Phil Adams
Analyst